

Minutes of the Health & Human Services Committee
Thursday, October 2, 2008

Chair Paulson called the meeting to order at 8:30 a.m. and led the committee in the Pledge of Allegiance.

Committee Members Present: Duane Paulson (Chair), Janel Brandtjen, Kathleen Cummings, Jim Jeskewitz (left at 4 p.m.), Gilbert Yerke (left at 3:23 p.m.) Pauline Jaske, Bill Zaborowski.

Also Present:

Senior Services Director Cathy Bellovary
Health & Human Services Director Peter Schuler
Deputy Director Don Maurer
Administrative Services Manager Russ Kutz
Legislative Policy Advisor Dave Krahn
Legislative Policy Advisor Ann Olson
Public Health Manager Nancy Healy-Haney
Assurance Supervisor Irene Ridgeman

Clinical Services Manager Mike DeMares
Intake & Support Services Manager Antwayne Robertson
Child & Family Services Manager Jesús Mireles
Senior Financial Analyst Clara Daniels
Senior Analyst Steve Krafcheck
Economic Support Services Coordinator Luann Page
Adolescent & Family Services Manager Peter Slesar
Senior Financial Analyst Bill Duckwitz

Executive Committee Report

Paulson said at the last meeting, the Executive Committee reviewed capital projects and approved ordinances that have been approved by the board.

Legislative Update

Krahn said mental health parity is in the federal bailout bill. Mental health parity stipulates that insurance plans must cover both physical and mental health at the same level.

Schedule Next Meeting Dates

- October 3
- October 16

Discuss and Consider the 2009 Operating Budget for the Department of Aging & Disability Resource Center (ADRC)

Yerke asked where this department budget was last year. Bellovary said this year Senior Services/ADRC existed for the first three months of the year and then Senior Services and Long Term Care were blended and became one budget. The name officially changed on April 1. Last year both budgets were presented separately.

Brandtjen asked Bellovary if she is confident the ADRC will eliminate the wait list by 2010. Bellovary said she's confident they will make the goal. They are moving 200 to 300 people per month from the CIP/COP waiver list. It is going smoothly and faster than anticipated because some people on the list are not eligible or interested in moving to the program at this time. After 2010 the program will be an entitlement. As the HHS Long Term Care staff transitions their caseload, they become ADRC staff. The managed care organizations are having problems finding staff for all the new people in the program in Waukesha County and other counties.

Paulson said some people put themselves on the wait list early hoping the timing would be right when they run out of money. Now the program is going through the wait list more quickly. Bellovary said some people have waited ten years for services. Some thought they would be on the wait list for a long time and have too many assets to qualify.

Brandtjen asked is the care given at the ADRC meeting or exceeding standards. Bellovary said people are getting the care they need. Consumers enter the program with a care plan from the county. Within six months of being in the program, they are reassessed by the MCOs and a new care plan is written. Customers can help determine and choose what they want. Consumers can go to the county or state and follow a grievance process if they're not happy with their services. The MCOs have been good to work with and we've had few issues so far.

ADRC Fund

Bellovary said as part of Wisconsin's LTC reform initiative, the ADRC of Waukesha County began operation April 1, 2008. The ADRC integrated certain functions of the DHHS Long Term Care Division with functions from the former Department of Senior Services Information and Assistance, Benefit Specialist and Case Management Programs. There is no increase in county tax levy related to the implementation of the ADRC. The budget includes 11.52 FTEs shifted from the LTC Fund. Bellovary said our concern is whether or not the state will have enough money to continue supporting this program in the future to keep it going at the same level. Bellovary outlined the major departmental strategic outcomes and objectives for the ADRC Fund as outlined on page 189 of the budget book.

ADRC Program

Bellovary said revenues increase by \$1,766,571 due to the first full year expenditure cost reimbursements from the ADRC State grant funding. Personnel cost increases reflect a full year of operation for the 22.26 FTEs allocated to the ADRC in 2009 including the full integration of staff shifted from the Long Term Care Division. Operating cost increases are due to the increased cost of contracted services, mileage reimbursement and promotional supplies. The increases are partially offset by the decrease in the cost of miscellaneous supplies, software maintenance, etc. Interdepartmental charges increase mainly due to a \$233,072 increase in county indirect administrative cost recoveries to \$253,072; \$53,145 in allocated computer maintenance charges; \$18,215 in insurance charges; \$14,449 of telephone charges, \$13,144 for postage costs. Increases are partially offset by a decrease of \$39K in data processing charges to \$10K.

Benefit Specialist Program

Bellovary said this program provides counseling, support and options to older adults with disabilities in areas related to elder and disability rights, income maintenance, housing, surrogate decision making, consumer/financial issues, legal and benefit problems, health care financing and reverse mortgages. There is an increase in general government revenues for this program of \$3,977 due to an increase of the same amount in ADRC state grant funding. Property tax levy in this program increases by \$12,045 to \$114,328 due to higher personnel costs and operating expenses which includes the addition of a second county Benefit Specialist. Operating expenses also includes \$105,229 for contracted Disability Benefit Specialist services. Personnel costs increase \$11,295 due to a 0.25 FTE increase based on full year staffing in 2009, which is partially offset by a \$4K (0.05 FTE) decrease in projected overtime costs.

Information and Assistance Program

Bellovary said this program provides assistance regarding available resources and service options that empower older adults, caregivers and the community to make informed choices. It is the entry point for accessing services and filing reports for elder abuse/neglect. General government revenue decreases due to reduction in program allocation of Federal Older Americans Act Title IIIB Supportive Services funding of \$3,145 from \$60,660 to \$57,515, and Title III E Family Caregiver funding of \$3,052 from \$66,927 to \$63,425. Property tax levy in the program increases by \$2,681 to \$88,746 to offset lower general government revenues. Personnel costs decrease is primarily due to shifting of 0.05 FTE of position to the ADRC program and a reduction of \$2K, 0.03 FTE in overtime costs. Operation expenses decrease is due to reductions in outside printing and travel and training.

Case Management Program

Bellovary said this program provides needs assessments, service referrals, counseling and support to older adults and caregivers for Federal Older American Act and Tax Levy related services. General government revenues decrease due to a reduction in program allocation of Federal Americans Act Title IIIIE Family Caregiver funding, offset by an increase in Federal Older Americans Act Title IIIB Supportive Services. Property tax levy decreases in this program is a shift to other ADRC programs. Personnel costs decrease primarily due to a reduction of 0.03 FTE in overtime costs.

ADRC General Fund

Bellovary reviewed the 2009 major departmental strategic outcomes and objectives for the ADRC General Fund as outlined on page 195 of the budget book.

Community Services Program

Bellovary explained that this program includes a wide range of short-term and long-term supportive home care, adult day center care and intervention programs for older adults and their families. These programs provide supportive services and opportunities including adult day centers, chore services, contracted community services, emergency intervention, health cost sharing, homemaker services, personal care, respite and volunteer services.

Transportation Services Program

Bellovary said this program contracts for accessible specialized transportation services (Shared-Fare taxi, Shuttle Services and Rideline) for older people and individuals with disabilities. General government revenues include the WIDOT grant, which is estimated to increase \$23,780 in 2009. The WIDOT grant requires a 20% local cash match or tax levy funding which the county overmatches. County tax levy is reduced in this program area by \$26,986 due to increased state grant aid. Personnel costs increase is due to normal step and merit increases for the 1.60 FTEs allocated to this program.

Operating expenses include an increase of \$37,438 for Shared-Fare Taxi based on an anticipated 3% from 2008 average vendor rate increase and an increase of 3,992 one-way trips resulting primarily from a 2009 full-year trip projection for two new Shared-Fare Taxi companies that began operations during 2008; and an increase of \$1,303 for shuttle service. Increases are more than offset by operating expenses decreases; a net decrease of \$27,727 in RideLine services which includes a \$16,488 decrease related to the elimination of the Evening & Weekend Pilot Project in 2009 based on lack of program usage in 2007 and 2008 and a projected decrease of 2,660 one-way trips partially offset by an anticipated 3% vendor price increase.

Administrative Services Program

Bellovary said we are required to have administration services. Property tax levy for the program is reduced due to lower expenditures and is shifted to the Nutrition Fund. Personnel costs decrease \$14,347 due primarily to the shifting of 0.17 FTE to the ADRC fund.

Nutrition Fund

Smith briefly described the program and the 2009 major departmental strategic outcomes and objectives.

Home-Delivered Meals Program

Smith said this program provides meals and support to homebound people age 60 or older who have been assessed and meet eligibility requirements. Further assistance is provided to high-risk recipients through nutrition education, nutrition counseling, home visits and supportive service intervention. Projected number of home delivered meals for 2009 anticipates an increase of 9,781 meals from the 2008 budgeted number of meals to be served and increases 596 from the 2008 estimate. This increase in the number of meals is based on actual experience during 2007 and the first half of 2008.

Smith said the county has an RFP out to find a new caterer for home delivered meals. They estimate the costs will increase 5% but the true cost will not be known until after the RFP process is completed.

Brandtjen said she feels the cost per meal is too high and unacceptable. Krafcheck explained the cost per meal includes all costs to provide the meal including the facility, maintenance, staff, etc. Smith said the current cost of a meal to the caterer is \$4.01, which includes the delivery of meals to 12 meal sites.

Senior Dining Program

Smith said this program provides a nutritious meal with socialization, education and health/wellness programs at community Senior Dining Centers for people aged 60 or older who are eligible under the Older American Act and Wisconsin Senior Dining. Fund balance will be appropriated for the one-time purchase of program equipment and continued operational costs on a one-time basis to allow for the exploration of the consolidation of City of Waukesha senior dining centers from three sites to one senior dining site and one home delivered meal distribution center during 2009.

MOTION: Jeskewitz moved, Brandtjen second, to tentatively approve the 2009 operating budget for the Department of Aging & Disability Resource Center. Motion carried 7-0.

Overview of the 2009 Operating Budget for the Health & Human Services Department

Schuler reviewed the functional area budget highlights found on pages 112 – 115 of the budget book. He explained that all of the highlights would be explained in details by the managers when they present their budgets.

Schuler said how the HHS budget is developed depends on how well Waukesha County does with state and federal grants. Over the last 13 years, increases to Community Aids have not kept up with inflation. If we were at full funding, we would have gotten \$16 million versus the \$11 million we receive. In addition to tax levy increases during this period, client fees and other third party revenue have been increased to attempt to deal with funding challenges. The county becomes the funding source of last resort.

There is a huge budget change with the ADRC and the transfer of clients and funding to CMOs. The county will receive \$227K from the state to provide adult protection for those who do not qualify for the ADRC. The HHS budget is also affected by the changes of payments to Clearview Nursing Home. The funding for these clients came from a pool of money provided to the department for a one-year basis. Next year, we'll need to find money to continue to pay for services.

Schuler said this was not an easy budget. We have a good chance of remaining at Level II in the Public Health Division which will help us maintain the current levels of funding. Supervisors from Menomonee Falls helped keep the immunization clinics in that area open. The County Executive took note of their effort and did some budget rearranging to make sure the clinics don't disappear. They were very happy when the County Executive also restored money for respite care and filled in the gaps when the Homeless Grant was lost. The mobilized mechanized buildings have created an opportunity to house the ADRC in one area. Without the trailers, the project wouldn't have come together with all staff in one building.

Schuler said it is very important to take care of the staff. When he started, the turnover was 45% every year. Now turnover is low. Supervisors and managers do great things to keep morale up.

Discuss and Consider 2009 Operating Budgets for the Following Divisions in the Health & Human Services Department: Intake & Support Services

Robertson reviewed objectives two and four for the Intake and Support Services Division as outlined on page 134.

Intake and Shared Services Program

Robertson said this program serves as the initial contact point for child welfare service referrals. Assessments are provided in the areas of child protection services, out-of-home placement request, parent/teen family dysfunction, disability funding requests and information/referral service. Short-term and support service includes after hours crisis intervention, Kinship Care assessment/funding, childcare certification, crisis respite child day care, home and financial management services and volunteer transportation services. The Division's purchased services include investments in prevention and early intervention.

Cummings asked why Crisis Respite Child Care funding was cut. Robertson said it was cut to meet budgetary needs. Cummings asked if the need for respite care has remained the same. Robertson said it has. Maurer said this area has been reduced over the last few years. Staff has tightened services by reducing the number of hours provided but they didn't necessarily reduce the number of children served. Robertson said the supervisor reviewed the criteria for qualifying for service and found some of the children no longer met the criteria to receive the funding. It is important to make sure everyone in the program meets the criteria. Maurer said the County Executive restored \$10K to this area. Originally, \$50K was cut from the program.

Cummings said she is concerned that the current economic times will increase stress and the incidents of child abuse. She wants to make sure there is adequate funding. Paulson said in the Respite Program, staff is trying to do the best they can for the largest number of people but it's a tough road. Robertson said it is a short term, crisis program. The supervisor found children were receiving respite care up to 24 months. Once the crisis has ended, families should have gotten services elsewhere. It was not the intent of this program to provide service for the long term.

Cummings asked are respite services provided in any other programs? Maurer said it is offered in two other places.

Brandtjen said this is reactive funding and not proactive funding. Are we taking full advantage of available grants? Should the county hire a grant writer? Are we taking advantage of all opportunities and income sources? Is there a compromise? Proactive money could be used if we had someone in this department to fully utilize grants. Paulson said the county had a grant writer in the past. Whether or not a grant writer can get you more money is an argument that goes back and forth. A lot of people think grant funding is the way to go but he doesn't support grant funding.

Maurer said the managers regularly review grant opportunities. Increasingly grantees love new and glitzy ideas and not ongoing programs. Another problem with grants is sustainability. In the past you could get a grant for three years but then you had to find the funds to continue the program when the grant funding ended. Grants have gotten more sophisticated and require the county to provide a percentage of the funding for the duration of the grant to show you are committed to the program. This type of situation means we would have to identify future budget cuts.

Krahn asked where are we with eWISACWIS? Schuler said we're fully committed to the system. Maurer said the state keeps taking away system supports. The original sales pitch included a 50% reimbursement for the cost of the computers. Later the reimbursement changed to 32% reimbursement for all people working with the system. The most recent rule states that an individual in the department needs to use the system 100% of the time to get reimbursed for it. Waukesha County's reimbursement has been greatly reduced.

Economic Services Administration and Support Program

Page said this is a group of approximately 40 staff who determines eligibility for food stamps, medical assistance, child care, a fraud elimination program and low-income energy assistance program. Service is

provided either directly or through the purchase of service contract. ES services for adults, elderly, blind, disabled and Badger Care Plus are provided at the HHS Center while ES services for families and children requesting multiple programs are provided at the WDC. Page said caseloads are increasing like nothing she has ever seen before. A larger number of middle class families are seeking assistance.

The committee discussed at length fraud as it relates to the Economic Support.

Paulson said how many sanctions have we gotten? It is important to keep our error level down so we don't have to pay sanctions. Page said we still need to adhere to the performance standards even though the caseloads have increased significantly. The larger the case load the easier it is to make mistakes. To combat possible errors, supervisors are randomly auditing food stamp files.

Cummings asked that the number of indigent burials be reported in the budget .

MOTION: Cummings moved, Brandtjen second, to tentatively approve the 2009 Intake and Shared Services Program. Motion carried 7-0.

Discuss and Consider 2009 Operating Budgets for the Following Divisions in the Health & Human Services Department: Child & Family Services

Birth to Three Program

Mireles said the Birth to Three program is a joint county/LSS partnership program which provides early intervention services to parents with children from birth to age three with special needs who demonstrates at least 25% delay in one or more areas of development or have a diagnosed condition which will likely result in developmental delays. There is a decrease of general government revenues of \$6,775 for this program from state/federal revenue. Tax levy increased \$21,775 as a result of estimated decreases in revenues and increases in operating expenses. Increases in operating expenses reflect direct program costs for LSS. The number of birth to three clients increased significantly from 1997 to 2004 but has stabilized for several years and even decreased slightly over the last few years.

Mireles said in Milwaukee County 89% of children have Title 19 while 15% have the benefit in Waukesha County. If state statute changes go through, insurance companies could be responsible for paying for this program. Maurer said the county can charge insurance companies for this program if the parents allow us to do so. Because special needs children have a lifetime of health needs, many parents are reluctant to give this permission since insurance companies may have a \$1 million lifetime cap for health care.

Child and Family Services Program

Mireles said this program provides ongoing intervention to families with a child who has been abused or neglected or is at risk of abuse or neglect in order to promote the goals of child safety and keeping families together. General government revenue reflects the transfer out of the Family Support Program revenue to the Children with Special Needs Unit and the reduction from eWiSACWIS due to more restrictive state reporting methods for reimbursements. Due to the lack of state funding, there is a reduction in respite care for at-risk children; a shift of administrative transportation funds to foster care. Also included are reduced contracts for child sexual abuse staffing coordination and services that will be provided in-house and in-home parenting education to closer reflect prior year trends.

Permanency Services/Alternate Care

Mireles said this program provides services to children and families to prevent imminent placements, reunify families or establish an alternate permanent plan. Alternate Care placements include foster homes, treatment foster homes, group homes, residential care centers and supervised independent living settings.

Placement prevention services provide and alternative to costly placements. Services to parents help prepare for family reunification or for termination of parental rights and adoption.

Children with Special Needs Unit (CSN)

This unit was reorganized to centralize the various funding programs for children with special needs to streamline access for customers and to optimize available federal funding. There has been a decrease of state and federal monies for fully funded and locally matched waiver slots. Also, contract providers in the intensive program are experiencing a shortage in obtaining qualified “line staff” who provide the direct service. There is a waiting list to get into the program and a list to get a provider and a list to get the services paid for. Maurer said the sooner you can intervene with children with special needs, the more favorable the future outcomes.

Mireles reviewed the Division’s strategic outcome and objectives as outlined on pages 134- 136 of the budget book.

Cummings asked if Waukesha County has seen an increase in services since the City of Waukesha eliminated their social worker position? Maurer said it is difficult to tell. Numbers are slightly up but there has not been a huge influx from the City of Waukesha.

MOTION: Jaske moved, Zaborowski second, to tentatively approve the 2009 operating budget for the Child and Family Services Division. Motion carried 7-0.

Discuss and Consider 2009 Operating Budgets for the Following Divisions in the Health & Human Services Department: Public Health

Healy Haney said the 2008 estimates for general government revenues and operating expenses include \$61,660 of multi-year grant funds carried over from the 2007 budget to the 2008 as approved by ordinance. These funds include \$40,160 in Pandemic Influenza grant funds, \$14,960 in City Readiness Initiative grant funds and \$6,540 in Public Health Preparedness grant funds.

Healy Haney reviewed the major departmental strategic outcomes and objectives for 2009 for the Public Health Division as outlined on pages 174 – 175 of the budget book.

Administration Program

Healy Haney said the Public Health Administration staff provides administrative support to the public health sections; provides public health assessments, program development and evaluation; manages grants, contracts and interdepartmental services; oversees building maintenance; provides timely reports for accountability. In April 2008, select management staff attended a Center for Disease Control training on the National Public Health Performance Standards Program (NPHPSP). This was done in preparation for the Waukesha County NPHPSP pilot in the fall of 2008. Healy Haney reviewed the program’s budget as outlined on page 177 of the budget book.

Child Health Program

Healy Haney said the purpose of this program is to ensure healthy at-risk children in Waukesha County. Next she reviewed the program budget including staffing, revenues, expenditures and program highlights. In April 2008, the Public Health Division, in conjunction with the Menomonee Falls Rotary Club initiated a Childhood Immunization Campaign in Menomonee Falls to boost childhood immunity to childhood preventable communicable diseases. The Menomonee Falls Village Board of Trustees passed a “Childhood Immunization Resolution” supporting this campaign. The State of Wisconsin Immunization grant paid for on-call nursing staff and campaign materials. Rotarians paid for an immunization public relations campaign. The campaign resulted in raising the immunity status of two-year old population from 51% completing childhood immunizations to 64%.

Jeskewitz left the meeting at 4 p.m.

Maternal Health

Healy Haney said the purpose of this program is to ensure healthy birth outcomes for at-risk pregnant women in Waukesha County. Healy Haney reviewed the 2009 program budget including staffing, revenues, expenditures, outlining increases and decreases. The Public Health Division has experienced an overwhelming response to its Latino Family Cardiovascular Program. This grant-supported program entered its third year in 2008 with a doubling of mothers, fathers and children in the enrollment. Because of the significant program outcomes of weight reduction and healthy lifestyle improvement changes, the State of Wisconsin is using this program as a national model. The grant is directed toward making a change in the community. As a result, the State of Wisconsin has awarded the Division of Public Health a three-year contract for funding this program. It is the first and only three-year funding award of its kind in the state.

Healy Haney reviewed the child and maternal health activities and said there have been no notable fluctuations in the activities.

Women, Infants, Children Nutrition Program (WIC)

Healy Haney said WIC is a federally funded program, which provides nutrition assessments for prenatal and postpartum lactating mothers, infants under one-year and children through five years of age. Increases in personnel costs reflect the cost to continue the existing 5.49 FTEs allocated to this program which includes a new 0.5 FTE registered dietetic technician position and funded with WIC grant revenues. The new position is intended to help the Division meet state-mandated levels of service to mothers, infants and children. To help offset this position's cost, 0.40 FTE in temporary nutritional program assistance staff is being eliminated. This position will also replace temporary staff which previously involved frequent employment turnover and vacancy and will foster greater stability and help meet state standards. Operating expenses are decreased to offset the additional costs of the new registered dietetic technician. Interdepartmental charges decrease by \$2,918 due to the increased use of electronic communication versus postage.

Chronic Disease Prevention and Control Program

Healy Haney said this program provides health screenings in the community, clinics and in the home. Services are directed at early identification of the preventable chronic diseases such as vision, hearing problems in children and adults, diabetes, heart disease, hypertension and cancer. Adult medical crisis intervention is available through medical assessment, therapeutic interventions and episodic case management. She reviewed the 2009 budget of the Disease Prevention and Control Program including staffing, revenues, expenditures and program highlights.

In 2008 the Waukesha County Wellness Program contracted with the Public Health Division for a new Employee Wellness Initiative. This collaborative effort between Human Resources, United Health Care Insurance and the Public Health Division identified health problems to initiate early medical interventions to reduce health insurance costs.

Communicable Disease Control Program

Healy Haney reviewed the 2009 budget for the Communicable Disease Control Program including program description, staffing, revenues, expenditures, program highlights and activities. General government grant revenues remain at the 2008 budget level of funding for the Childhood Immunization Grant. Charges for services increases are mostly due to two new immunization vaccines for students in kindergarten, sixth, ninth and twelfth grades.

During the months of April and May 2008, there was a simultaneous outbreak of measles and rubella in Waukesha County. In addition to actively managing one confirmed case of measles and two cases of

rubella, the Public Health Division investigated 29 suspected cases of measles and/or rubella and made 216 contacts to known cases.

Sexually Transmitted Infections Program

Healy Haney said this program is designed to identify, track and contain the spread of sexually transmitted infections. Public health services are provided to family physicians regarding current treatment schedules. Additionally the Public Health Division tracks incidence and prevalence rates of STIs in Waukesha County. STI clinics are available for assessment, laboratory testing, treatment and counseling.

Community Health and Disease Surveillance Program

Healy Haney said the general government revenues for this program decrease \$133,128 due to the elimination of the Pandemic Influenza grant budgeted at \$100,236, a reduction in the Public Health Preparedness Grant by \$22,923 and the City Readiness Initiative Grant by \$9,969. Personnel costs increases reflect the cost to continue existing 7.02 FTE staff allocated to the program including an increase in temporary extra help by 0.28 FTE to 0.71 FTE. Operating expenses decline \$139,227 mostly due to the reduction in grant funding plus a reduction in contracted services, medical supplies, promotional materials and other various operating expense accounts. Interdepartmental charge expenses decline \$17,167 mostly due to a reduction in DHHS administrative management charges to the Division related to the reduction in grant funding.

The Public Health Division staff responded to the June 2008 Waukesha County flood emergency. The Division also participated in the Waukesha County Emergency Operation Center community response and a participant in the daily State of Wisconsin Emergency Operating Center response. The FEMA Disaster Recovery Center was staffed by public health professionals providing flood injury and illness prevention education and Tetanus vaccines.

Future Agenda Items

- Hannon Model
- Crisis Respite Child Care funding
- Fraud as it relates to the Economic Support and the results of abolishing one fraud investigator
- Indigent burials
- Outcomes from increased workloads/caseloads associated with Badger Care Plus and Family Care.

MOTION: Cummings moved, Brandtjen second, to tentatively approve the 2009 operating budget for the Public Health Division with the Public Health Division objectives renumbered so objective #1 becomes objective #11 and all other objectives increase one number. Motion defeated 1-4 (Cummings voted yes).

MOTION: Jaske moved, Brandtjen second, to tentatively approve the 2009 operating budget for the Public Health Division. Motion carried 4-1 (Cummings voted no).

MOTION: Cummings moved, Jaske second, to adjourn the meeting at 4:38 p.m. Motion carried 5-0

Respectfully submitted,

Approved on: _____

Kathleen M. Cummings
Secretary